



Cat Clinic of Lafayette
119 ½ Arnould Blvd, Lafayette La. 70506
337-777-Meow
6369

Info@catclinicoflafayette.com

ANIMAL MEDICAL HISTORY (Please complete all information for each cat.)
If not applicable write "n/a"; if unknown write "unknown"

	Cat1	Cat2	Cat3
NAME	_____	_____	_____
Breed	_____	_____	_____
Hair Length/Color	_____	_____	_____
Sex/Altered or Spayed	_____	_____	_____
Date of Birth or Age	_____	_____	_____
Microchipped?	_____	_____	_____
Current Medications	_____	_____	_____
Length of Time Owned	_____	_____	_____
Allergies	_____	_____	_____
Supplements(Type)	_____	_____	_____
Diet (Brand and soft or dry?)	_____	_____	_____
Type of Grooming Products	_____	_____	_____
Hours Spent Outside Each Day	_____	_____	_____
Ever had dental work?	_____	_____	_____
Prior Illness	_____	_____	_____
Prior Surgery	_____	_____	_____
DATE OF LAST VACCINATIONS OR DIAGNOSTICS			
FVRCP or Feline RCP	_____	_____	_____
Rabies	_____	_____	_____
Other Vaccines	_____	_____	_____
FeLV/FIV Test	_____	_____	_____
Heartworm Test/Result	_____	_____	_____



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DATE OF LAST VACCINATIONS OR DIAGNOSTICS (CONTINUED)

	Cat1	Cat 2	Cat3
Heartworm Prevention	_____	_____	_____
Fecal Exam	_____	_____	_____
Specify origin (see list below)	_____	_____	_____

ORIGIN

- AAVA (Animal Aid of Vermilion Area)
- Acadiana Animal Aid
- Petsmart
- Breeder
- Friend
- Stray
- Other Rescue